

STATE MS.-DESOTO CO. *BC*  
*R*

## Indexing Instructions: \_\_\_\_\_

JAN 5 4 08 PM '04

## After Recording Mail To:

Brenda M. Wolfe  
5462 Caroline Drive  
Walls, MS 38680*K 462 PG 252*  
*J.E. DAVIS CH. CLK.*

## This instrument was prepared by:

Brenda M. Wolfe  
5462 Caroline Drive  
Walls, MS 38680

462-781-1560

**QUITCLAIM DEED**

TITLE OF DOCUMENT

## Grantor's Name(s), Address &amp; Phone:

Brenda M. Wolfe, surviving spouse of Billy E. Wolfe  
as per attached Certified copy Certificate of Death5462 Caroline Drive  
Walls, Mississippi 38680(H) *(662) 781-1560*(B) ( ) *N/A*

## Grantee's Name(s), Address &amp; Phone:

Brenda M. Wolfe, a widow

5462 Caroline Drive

Walls, Mississippi 38680

(H) *(662) 781-1560*(B) ( ) *N/A*

IN CONSIDERATION of the sum of ONE AND NO/100 DOLLARS (\$1.00) and other good and valuable consideration, the undersigned Grantor(s) do hereby sell, convey and quitclaim unto Brenda M. Wolfe, a widow, as Grantee, the following described land situated in De Soto, Mississippi:

ALL THAT PARCEL OF LAND IN COUNTY OF DESOTO, DE SOTO COUNTY, STATE OF MISSISSIPPI, AS MORE FULLY DESCRIBED IN DEED BOOK 171, PAGE 37, ID# 2083-0601.0-00085.00, BEING KNOWN AND DESIGNATED AS LOT 85, SECTION "A", HOYTTE AUSTIN LAKE SUBDIVISION, AS SHOWN ON MAP OR PLAT THEREOF RECORDED IN PLAT BOOK 3, PAGES 8, 9, AND 10, IN THE OFFICE OF THE CHANCERY COURT CLERK OF DESOTO COUNTY, MISSISSIPPI, TO WHICH RECORDED PLAT REFERENCE I HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAID PROPERTY, *SITUATED IN SECTION 6, TOWNSHIP 2 SOUTH, RANGE 8 WEST.*

MORE commonly known as: 5462 Caroline Drive, Walls, Mississippi 38680

Prior Recorded Doc. Ref.: Deed: Recorded: April 18, 1984; BK 171, PG 37

Subject To: Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any.

When the context requires, singular nouns and pronouns, include the plural.

*Bmw*

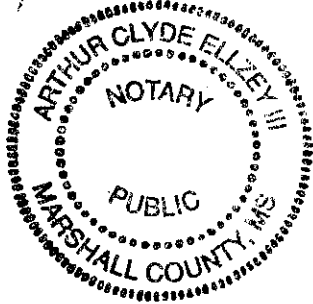
Witness our signatures, this 12<sup>th</sup> day of September, 2003

Brenda M Wolfe 9-12-03  
Brenda M. Wolfe

STATE OF Mississippi  
COUNTY OF Desoto ss

Personally appeared before me, the undersigned authority in and for the said county and state, on this 12<sup>th</sup> day of September, 2003, within my jurisdiction, the within named, **Brenda M. Wolfe** who acknowledged that he/she/they signed and delivered the above and foregoing instrument on the day and year therein mentioned.

NOTARY STAMP/SEAL



Arthur Clyde Ellzey III  
NOTARY PUBLIC  
MY Commission Expires: \_\_\_\_\_

**My Commission Expires: May 9, 2004**  
**Bonded Thru Dixie Notary Service, Inc.**

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 0462 PG 0254

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

TYPE OR PRINT  
IN BLACK INKFILING  
DATE

JAN 08 2003

1. NAME First Middle Last <b>Billy Eugene WOLFE</b>	2. SEX <b>Male</b>	3a. HOUR OF DEATH <b>9:01P</b>	3b. DATE OF DEATH (Month, Day, Year) <b>December 26, 2002</b>					
		4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>61</b> Years	5b. MOS <b>17-13</b>	5c. DAYS <b>5d. HOURS 5e. MINS</b>	6. DATE OF BIRTH (Month, Day, Year) <b>Dec 25, 1941</b>	7a. COUNTY OF DEATH <b>Desoto</b>
		7b. CITY OR TOWN OF DEATH <b>Southaven</b>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>Baptist Desoto</b>			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>Emer. Rm.</b>	8. STATE OF BIRTH <b>MS</b>
		9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School (0-12) 10</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Brenda Holleman</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14. SOCIAL SECURITY NUMBER <b>265-58-6866</b>		15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>Iron Worker</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Local #167</b>		
16a. RESIDENCE-STATE <b>MS</b>		16b. COUNTY <b>Desoto</b>		16c. CITY OR TOWN <b>Walls</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>5462 Caroline Dr.</b>
17. FATHER-NAME First Middle Last <b>Wendell Wolfe</b>				18. MOTHER-NAME First Middle Maiden <b>Jewell Jernigan</b>				
19a. INFORMANT-NAME (Type or print) <b>Brenda Wolfe</b>				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>5462 Caroline Dr. Walls, MS 38680</b>				
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY-NAME <b>Memory Hill Gardens</b>		20c. LOCATION (City and State) <b>Memphis, TN</b>		21a. EMBALLER-SIGNATURE AND NUMBER <b>Kevin Hughes 5349</b>		
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <b>Memphis Funeral Home Germantown #1023</b>				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. Box 17069 Memphis, TN 38187-0069</b>				
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>James Lewis, M.D.</b>				22b. PRONOUNCED DEAD (Month, Day, Year) <b>Dec. 26, 2002</b>		22c. PRONOUNCED DEAD (Hour) (AT) <b>9:01p</b>		
23a. CERTIFIER-NAME (Type or print) <b>Jeffery Pounders</b>				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>				
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE</b>		24b. DATE SIGNED (Month, Day, Year) <b>MD</b>		24c. STATE LICENSE NUMBER <b>MD</b>		24e. On the basis of examination and/or investigation, my opinion, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE</b>		
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. TITLE <b>Desoto MEI</b>		24g. DATE SIGNED (Month, Day, Year) <b>Dec. 30, 2002</b>				
25. PART I: DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only): (a) <b>Cancer Of Lungs</b>						Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)						Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)						Interval between onset and death
26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I <b>ASCD</b>		27. AUTOPSY (Yes or No) <b>No</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>				
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number City or town State		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JAN -9 2003

Judy Moulder  
STATE REGISTRAR

## WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.